

Panaji, 14th August, 2003 (Savana 23, 1925)

SERIES I No. 20

OFFICIAL GAZETTE



GOVERNMENT OF GOA

Note: There is one Extraordinary issue to the Official Gazette Series I No. 19 dated 7-8-2003, namely Extraordinary dated 12-8-2003 from pages 1053 to 1058 regarding Notification from Department of Civil Supplies and Consumer Affairs and Corrigendum from Department of Personnel.

THE ESSENTIAL COMMODITIES (AMENDMENT) ACT, 2003

(No. 37 of 2003)

[1st June, 2003]

GOVERNMENT OF GOA

Department of Civil Supplies and
Consumer Affairs

Notification

DCS/ENF/CONT/ORDER/78/2001

The Essential Commodities (Amendment) Act, 2003 (No. 37 of 2003) dated 2-6-2003 issued by the Central Government in exercise of the powers conferred by section 3 of the Essential Commodities Act, 1955 (10 of 1955) published on 2nd June, 2003 in the Gazette of India, Extraordinary, Part II, Section 1, is hereby re-published for general information of the public:

N. B. Narvekar, Director of Civil Supplies and
Price Control and ex officio Joint Secretary.

Panaji, 22nd July, 2003

MINISTRY OF LAW AND JUSTICE

(Legislative Department)

New Delhi, the 2nd June, 2003/Jaistha 12, 1925
(Saka)

The following Act of Parliament received the assent of the President on the 1st June, 2003, and is hereby published for general information:—

An Act further to amend the Essential
Commodities Act, 1955.

BE it enacted by Parliament in the Fifty-fourth
Year of the Republic of India as follows:—

1. *Short title.*— This Act may be called the
Essential Commodities (Amendment) Act, 2003.

2. *Amendment of section 3 of Act 10 of 1955.*—
In section 3 of the Essential Commodities Act,
1955, after sub-section (3C), the following shall
be and shall be deemed to have been inserted,
on and from the 14th day of June, 1999, namely:—

‘(3D) The Central Government may direct
that no producer, importer or exporter shall
sell or otherwise dispose of or deliver any kind
of sugar or remove any kind of sugar from the
bonded godowns of the factory in which it is
produced, whether such godowns are situated
within the premises of the factory or outside or
from the warehouses of the importers or
exporters, as the case may be, except under
and in accordance with the direction issued
by the Government:

Provided that this sub-section shall
not affect the pledging of such sugar
by any producer or importer in
favour of any scheduled bank as
defined in clause (e) of section 2 of
the Reserve Bank of India Act, 1934 2 of 1934.
or any corresponding new bank
constituted under section 3 of the
Banking Companies (Acquisition and
Transfer of Undertakings) Act, 1970, 5 of 1970.

so, however, that no such bank shall sell the sugar pledged to it except under and in accordance with a direction issued by the Central Government.

(3E) The Central Government may, from time to time, by general or special order, direct any producer or importer or exporter or recognised dealer or any class of producers or recognised dealers, to take action regarding production, maintenance of stocks, storage, sale, grading, packing, marking, weighment, disposal, delivery and distribution of any kind of sugar in the manner specified in the direction.

Explanation.— For the purposes of sub-section (3D) and this sub-section,—

(a) "producer" means a person carrying on the business of manufacturing sugar;

(b) "recognised dealer" means a person carrying on the business of purchasing, selling or distributing sugar;

(c) "sugar" includes plantation white sugar, raw sugar and refined sugar, whether indigenously produced or imported.

3. *Validation of action taken under clauses 4 and 5 of the Sugar (Control) Order, 1966.*— (1) Notwithstanding anything contained in any judgement, decree or order of any court or other authority or any agreement, any action taken or anything done or omitted to be done or purported to have been taken or done or omitted to be done under any direction or order issued by the Central Government under clause 4 or clause 5 of the Sugar (Control) Order, 1966, made under section 3 of the Essential Commodities Act, 1955, at any time during the period commencing on and from the 14th day of June, 1999 till the day on which the Essential Commodities (Amendment) Bill, 2003 receives the assent of the President, shall be deemed to be, and deemed always to have been, for all purposes, as validly and effectively taken or done or omitted to be done under sub-section (3D) or sub-section (3E), as the case may be, of section 3 of the Essential Commodities Act, 1955, as if the said sub-sections had been in force at all material times.

(2) For the removal of doubts, it is hereby declared that no act or omission on the part of any person shall be punishable as an offence which would have not been so punishable if this Act had not come into force.

SUBHASH C. JAIN,
Secy. to the Govt. of India.

Department of Forest

Order

21/3/2003/FD/2183

Government has developed an Arboretum at Satpal on the Sancordem Mollem Road, on the lines of Environmental Education Centre and is turning out to be a good Tourist Spot. Keeping in view the maintenance and popularity of the Spot, the Government is pleased to prescribe the entrance fees as below:—

- | | |
|--|------------------------------|
| (a) <i>Entrance fee for persons:</i> | |
| i) Adults | Rs. 2/- per person per day |
| ii) Children and Students | Rs. 1/- per person per day |
| (b) <i>Entrance fee for vehicles:</i> | |
| i) Motor Cycle including Motor Scooter | Rs. 5/- per vehicle per day |
| ii) Car and Jeeps (All four wheelers) | Rs. 10/- per vehicle per day |
| iii) Bus | Rs. 50/- per vehicle per day |
| (c) <i>Entrance fee for Cameras:</i> | |
| i) Camera | Rs. 10/- per day |
| ii) Movie Camera | Rs. 100/- per day |

By order and in the name of the Governor of Goa.

V. R. Ghaisas, Under Secretary (Forests).

Panaji, 29th July, 2003.

Department of Home

Home-General Division

Notification

11/14/96-HD(G)

The Government of Goa is hereby pleased to amend the Goa Freedom Fighters Welfare Rules, 1988 (hereinafter called "Principle Rules"), published in the Official Gazette, Series I No. 8,

dated 25-5-1989 vide Government Notification No. 11/37/88-HD(G) dated 27-4-1989.

2. In Rule 4, the amount of Rs. 3,000/- sanctioned towards ad hoc grant in indigent circumstances is hereby enhanced to Rs. 5,000/- (Rupees five thousand only). The enhanced ad hoc grant shall be applicable to the cases with effect from 1st April, 2003.

3. This also issues with the approval of Finance (Exp.) Department vide U. O. No. Fin(Exp)/684/2003 dated 22-7-2003.

By order and in the name of the Governor of Goa.

A. Mascarenhas, Joint Secretary (Home).

Panaji, 24th July, 2003.

Department of Planning

Directorate of Planning, Statistics and Evaluation

Notification

DPSE/RBD/MCCD/97/2002/2060

Under the provisions of sub-sections (2) and (3) of Section 10 of the Registration of Births and

Deaths Act, 1969, the Government of Goa hereby makes it compulsory, with immediate effect, to issue Medical Certificate as to the cause of death in the Form 4 of 4A appended to the Goa Registration of Births and Deaths Rules, 1999, for all the hospitals and private medical practitioners mentioned below namely:—

(1) All Government and private hospitals, nursing homes (including specialised hospitals) of rural and urban areas of the State of Goa.

(2) All hospitals managed by private organisations, societies and semi-Government organisations of rural and urban areas of the State of Goa.

(3) All private registered medical practitioners of rural and urban areas of the State of Goa who attended last at the time of death.

This certificate shall be presented to the concerned Registrar of Births and Deaths at the time of giving information of death as required under the said Act an extract of the part of the certificate shall also be handed over to the person who gives information under Section 8 or Section 9 of the said Act.

Form No. 4A

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(for non-institutional deaths. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Kum. son of/wife of/daughter of resident of was under my treatment from to and he/she died on at a.m./p.m.

Name of Deceased					For use of Statistical Office
Sex	Age at Death				
	Age in completed years	If less than 1 year, age in months	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female					
CAUSE OF DEATH I Immediate cause (a) State the disease, injury or complication which due to (or as a consequences of) caused death, not the mode of dying such as heart failure, asthenia, etc. Antecedent cause (b) Morbid conditions, if any, giving rise to the above due to (or as a consequences of) cause, stating underlying conditions last. (c)					Interval between on set & death approx.
II					

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No.

If yes, was there a delivery? 1. Yes 2. No.

Name and signature of the Medical Practitioner certifying the cause of death

Date of certification

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt./Kum. s/w/d/of Shri R/o. was
under my treatment from to and he/she expired on
at a.m./p.m.

Doctor

Signature and address of Medical Practitioner/
/Medical Attendant with Registration No.

By order and in the name of the Governor of Goa.

S. K. Tewari, Director and ex officio Joint Secretary (Planning).

Panaji, 22nd July, 2003.

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be given in full, do not use initials. If deceased is an infant, not yet named at time of death, write. 'Son of (S/o) or Daughter of (D/o)', followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased is below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed. Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I (a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary

cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g. "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the questions on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of Information: A complete case history is not wanted, but if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia — Give type anaemia, if known. Neoplasmas—Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible; Heart disease—describe the condition specifically, if congestive heart failure, chronic or pulmonate, etc., are mentioned, give the antecedent conditions. Tetanus—Describe the antecedent injury, if known. Operation—State the condition for which the operation was performed. Dysentery—Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery—Describe the complication specifically. Tuberculosis—Given organs affected.

Symptomatic statement: Convulsions, diarrhoea, fever, ascites, jaundice, debility etc. are symptoms which may be due to anyone of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptoms.

Form No. 4

(See Rule 7)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

(Hospital in-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. on at a.m./p.m.

NAME OF DECEASED				For use of Statistical Office
Sex	Age at Death			
	If 1 year or more, age in years	If less than 1 year, age in months	If less than one month, age in days	If less than one day, age in hours
1. Male 2. Female				
CAUSE OF DEATH				Interval between on set & death approx.
I Immediate cause (a) State the disease, injury or complication which due to (or as a consequences of) caused death, not the mode of dying such as heart failure, asthenia, etc.				
Antecedent cause (b) Morbid conditions, if any, giving rise to the above due to (or as a consequences of) cause, stating underlying conditions last.				
(c)				
II Other significant conditions contributing to the death but not related to the disease or conditions causing it				

Manner of Death

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide
5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No.

If yes, was there a delivery? 1. Yes 2. No.

Name and signature of the Medical Attendant certifying the cause of death

Date of verification

SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

Certified that Shri/Smt./Kum. S/W/D/of Shri
R/o was admitted to this hospital on and expired on

Doctor
(Medical Supdt.
Name of Hospital)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

Directions for completing the form

Name of deceased: To be given in full, do not use initials. If deceased is an infant, not yet named at time of death, write, 'Son of (S/o) or Daughter of (D/o)', followed by names of mother and father.

Age: If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

Cause of Death: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c). If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so, that the correct underlying cause will be tabulated. First, enter in Part I (a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary

cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effect of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g. "from birth" "several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injured, stating the part of the body injury, and should give the external cause in full when this is shown. Example: (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Maternal deaths: Be sure to answer the questions on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

Old age or senility: Old age (or senility) should be not given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: (a) Chronic bronchitis, II old age.

Completeness of Information: A complete case history is not wanted, but if the information is available, enough details should be given to enable the underlying cause to be properly classified.

Example: Anaemia — Give type of anaemia, if known. Neoplasms—Indicate whether benign or malignant, and site with site of primary neoplasm, whenever possible, Heart disease—Describe the condition specifically, if congestive heart failure, chronic or pulmonate, etc., are mentioned, give the antecedent conditions. Tetanus—Describe the antecedent injury, if known. Operation—State the condition for which the operation was performed. Dysentery—Specify whether bacillary, amoebic, etc., if known. Complications of pregnancy or delivery—Describe the complication specifically, Tuberculosis—Give organs affected.

Symptomatic statement: Convulsions, diarrhoea, fever, ascites, jaundice, etc. are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but when-ever possible, give the disease which caused the symptoms.

Manner of Death: Deaths not due to external cause should be identified as 'Natural'. If the cause of death is known, but it is not known whether it was a result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably be filled in and the manner of death should be shown as 'Pending investigation'.



Department of Power

Office of the Chief Electrical Engineer

Order

CEE/Estt/2/70/90-Power/1746

Sanction of the Government is hereby conveyed to upgrade the post of Accounts Officer in the

pay scale of Rs. 7450-225-11500 to the post of the Joint Director of Accounts in the pay scale of Rs. 10000-325-15200 in Electricity Department with effect from the date on which the new incumbent takes over the charge of the said post.

This issues with the approval of Administrative Reforms Department and concurrence of Finance Department vide their U. O. No.US/AR/2399/F dated 27-3-2003 and No. FS/1145/F dated 25-6-2003 respectively.

The Cabinet has also approved this post as communicated by the General Administration Department vide their letter No. 17/23/2002-GAD-Cab(XXVIII) dated 17-7-2003.

By order and in the name of the Governor of Goa.

T. H. Rao, Chief Electrical Engineer & ex officio Addl. Secretary.

Panaji, 25th July, 2003.

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